

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: DETECTION SYSTEM WITH VIDEO
CAMERA
Attorney Docket Number:: 2001-1008
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 1
Small Entity?: No
Latin Name::
Variety Denomination Name::
Petition Included?: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NETHERLANDS
Status:: Full Capacity
Given Name:: CORNELIS
Middle Name:: SIMON ADRIAAN
Family Name:: DE NOOD
City of Residence:: HARDERWIJK
State or Province of Residence::
Country of Residence:: NETHERLANDS
Street of Mailing KLEINE MARKTSTRAAT 11
Address::
City of Mailing Address:: HARDERWIJK
State or Province of Mailing Address::
Country of Mailing Address:: NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-3841 BD

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NETHERLANDS
Status:: Full Capacity
Given Name:: WILLEM
Middle Name::
Family Name:: ANGEL
City of Residence:: ZWOLLE
State or Province of Residence::
Country of Residence:: NETHERLANDS
Street of Mailing SPIEKERBRINK 44
Address::
City of Mailing Address:: ZWOLLE
State or Province of Mailing Address::
Country of Mailing Address:: NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-8034 RB

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NL00/00495	7/13/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NETHERLANDS	1012592	7/13/99	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::